

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107517190 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3						
4						
5						
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7						
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9						
10						
11						
12						
13						
14	1		1			
15			1			
16			1			
17	1		1			
18	1		1			
19	1		1			
20						
21	4		1			
22	1		1			
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			29			
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						